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Name: Commissioner of Patents and Trademarks
Art Unit: 1741
Examiner: E. Wong
Phone: (703) 308-3818


From: David A. Plumley
Reg. No. 37,208

Re: Patent Application Serial No. 08/708,217; Filed August 30, 1996
Entitled METHOD AND APPARATUS FOR ENCAPSULATING
PARTICULATES

File: 29615/DAP/B472

I HEREBY CERTIFY THAT THIS PAPER IS BEING FACSIMILE TRANSMITTED
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Cathy Stearns,
Secretary to David A. Plumley
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Christie, Parker & Hale, LLP
350 West Colorado Boulevard
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Pasadena, CA 91109-7068
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**Amendment Transmittal Letter
Application No. 08/706,217**

___ A Petition for Extension of Time and the required fee are enclosed.


___ Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Please address all correspondence to **CHRISTIE, PARKER & HALE, LLP, P.O. Box 7068, Pasadena, CA 91109-7068.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By 
David A. Plumley
Reg. No. 37,208
626/795-9900; 213/681-1800

DAP/clis
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Rev. 11/86

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT TRANSMITTAL LETTER

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Signature

Applicant : Robert O. Berg, et al.
Application No. : 08/706,217
Filed : August 30, 1996
Title : METHOD AND APPARATUS FOR ENCAPSULATING PARTICULATES

Grp./Div. : 1741
Examiner : E. Wong

Docket No. : 29615/DAP/B472
Date : August 17, 1998

Assistant Commissioner for Patents
Washington, D.C. 20231

Post Office Box 7068
Pasadena, CA 91109-7068

Enclosed is an amendment to the above-identified application.

CALCULATION OF FEE					
ITEM	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PAID FOR	EXCESS CLAIMS X RATE	SUBTOTAL	FEE
A TOTAL CLAIMS FEE	33	44 *	0 X \$11.00	0	
B INDEPENDENT CLAIMS	4	5 **	0 X \$41.00	0	
C	SMALL ENTITY FEE = A + B LARGE ENTITY FEE = 2 x (A + B)				0
D MULTIPLE-DEPENDENT CLAIMS FEE***	SMALL ENTITY FEE = \$135.00 LARGE ENTITY FEE = \$270.00				0
E TOTAL FILING FEE					0
F NO ADDITIONAL FEE REQUIRED****	IF NO FEE REQUIRED, INSERT "0"				0
LIST INDEPENDENT CLAIMS: 11, 12, 16, 32					
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"					

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